



# AFFIDAVIT OF REPOSSESSION

LICENSE PLATE/REG. NO.	YEAR	MAKE	SERIES/BODY TYPE
VEHICLE (VIN) OR VESSEL (HIN) IDENTIFICATION NUMBER			

I, being duly sworn, depose and say, that I am the \_\_\_\_\_  
TITLE OR POSITION

of \_\_\_\_\_  
NAME OF COMPANY OR CORPORATION

located at \_\_\_\_\_  
COMPANY OR CORPORATE ADDRESS

and we are the legal owner(s) of this vehicle/vessel which is now in our possession by reason of a security agreement. I further certify that we have lawfully repossessed this vehicle/vessel on \_\_\_\_\_,  
DATE OF REPOSSESSION

from \_\_\_\_\_,  
NAME OF REGISTERED OWNER

at \_\_\_\_\_  
ADDRESS OF REGISTERED OWNER

and an application for transfer of Certificate of Ownership, which accompanies this affidavit, is based upon the repossession of this motor vehicle or vessel.

*I further state that in consideration of the issuance of the transfer of certificate of ownership, we agree to indemnify the Director of Licensing, and all persons acting for the Director, from all liability which may be incurred by the issuance of such certificate. We agree, at our own expense, to defend any suit which may be brought against the Director, or any person acting for the Director, as a result of issuing such certificate.*

**X**

PRINTED NAME OF LEGAL OWNER

SIGNATURE OF LEGAL OWNER

**NOTE:** This form can only be used on a security agreement perfected by a Washington issued title.

NOTARIZATION / CERTIFICATION	
State of Washington County of _____	Signed or attested before me on _____
NOTARY SEAL OR STAMP	By _____ Printed Name of Person Signing Document
	Signature _____ Notary / Agent
	Name _____ Notary (PRINTED OR STAMPED)
	Title _____ Notary / Agent
	Dealer No. <b>OR</b> County / Office No. <b>OR</b> Notary Expiration Date _____

*The Department of Licensing has a policy of providing equal access to its services.  
If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.*

PLEASE CUT HERE